



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 052

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Sorcha Homes
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	12th & 19th April 2022
Registration Status:	Registered from the 06th of December 2021 - 06th December 2024
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	5th August 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on 06th of December 2009. The centre was in its fifth registration and in year one of the cycle. The centre was registered without attached conditions from the 6th of December 2021 to the 6th of December 2024.

The centre was registered as multi-occupancy for up to four young people. The centre was registered to provide medium to long term care for four young people of both genders from age thirteen to seventeen years on admission. The centre worked from the Well Tree model of care, whose goal was that each young person is protected, respected and fulfilled. The model was trauma informed and encompassed attachment theories with a focus on challenge and support. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe care and support	Standards 3.1 & 3.3 only
5: Leadership, Governance and Management	Standard 5.2 only
6: Responsive Workforce	Standard 6.1 only

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

The alternative care and monitoring service upon receipt of a risk escalation from the national private placement team conducted an announced risk-based inspection of the centre. The inspection was conducted in line with Theme 3 Safe Care and Support under The National Standards Children's Residential Centres, 2018 (HIQA). Given the concerns identified during the inspection, it was then expanded to cover Themes 5 and 6 as further relevant findings were identified.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

An immediate action notice was issued to the service on the 21st of April 2022 in response to serious issues identified during this inspection. The registered provider submitted a safety plan to ACIMS on the 29th of April 2022.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 26th April 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 09th June 2022.

A compliance meeting was held on the 18th of July 2022 to discuss the findings from the inspection, the corrective and preventative action plan and the progress that the centre has made towards achieving compliance with regulations. Subsequently, further representations were received on the 20th of July 2022 detailing evidence of the action taken by the centre to improve governance and oversight and the required staffing numbers to achieve compliance with regulations. These representations were reviewed and given due consideration and the registration committee is satisfied with the progress made towards achieving compliance.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number 052 without attached conditions from 06th of December 2021 to the 06th of December 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre policy for child protection and welfare was updated in 2022. The policy was detailed and clearly outlined the role of mandatory reporting. It also outlined when incidents should be reported to Tusla. Inspectors found that a child protection and welfare report was not completed by the centre regarding information it received of risk to another known young person, in line with the policy. There was also a seven-week delay in notifying a child protection concern based on a serious significant event in February, while this was communicated without delay to the Social Work Department it was not reported by the centre at the time in line with centre policy and Children First 2017.

The Child Protection register opened in September 2020, it noted one entry for 2022 despite there being a high level of SENs and missing from care episodes for the young people in the centre. The register was not up to date and one child protection report made in 2021 was not on the register. All nineteen entries in the register were marked as open with no outcome or status recorded, no entries were marked closed since 2020. Inspectors advised the centre to meet with the social work department to review and update the register as a matter of urgency.

The centre was not following the specific guidance document and monitoring tool to manage a specific child protection risk for one young person. This led to a number of significant events not being appropriately classified and notified individually or cumulatively as a child protection concern. This tool had been completed by a previous social worker but was not shared with the centre or held on the young person's care record and had not been reviewed since. In relation to one young person inspectors found that although the centre had identified an area of vulnerability the appropriate safeguarding measures had not been applied. Inspectors spoke with the current allocated social worker who advised that this risk would be reviewed with the centre.

Inspectors found that there was no record in place for 2022 to record and track visitors, maintenance/work people, staff and management in the centre. There was also unclear recording of staff on shift from rosters and young people's logs, inspectors found this to be a safeguarding concern.

Inspectors reviewed the staff training log and found that although the staff team had completed a one-day external child protection training in 2021 the record did not accurately identify and track dates for mandatory children first training. At the time of inspection not all staff were up to date in the required mandatory training. Due to the recording system in use and the lack of managerial oversight the internal and external management were not aware of this. The centre manager advised upon receiving this information that all outstanding training was completed as a matter of urgency.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors reviewed a large sample of significant event notifications for young people and found that the quality of recording required improvement. From the sample reviewed, inspectors found that the notifications were limited in the detail provided and there were ongoing errors in relation to whether parental notifications occurred. Centre policy stated the Individual Absence Management Plans would be reviewed after each incident of missing from care, but this was not occurring.

Communications regarding significant events with allocated social workers were prompt and the allocated social workers for two young people advised that they were satisfied with the level of engagement and contact with the centre. Contact with parents was recorded on young people's care records, inspectors found that this was regular and ongoing. The centre advised that they have daily contact with parents regarding the care of the young people and notification of incidents.

Inspectors reviewed the SEN register and a large sample of the significant events and found that some incidents which met the threshold for reporting as a child protection concern had not been correctly identified and notified in line with the child protection and welfare centre policy and Children First: National Guidance for the Protection and Welfare of Children, 2017.

Inspectors found that a complaint made by a young person against a staff member had not been notified through the significant event notification (SEN).

The review process for the SENs also required improvement in that there were no meetings held in the months of February and March, despite increased notifications and risk to the young people in the centre. The centre manager advised that the monthly meetings had ceased temporarily in February and March as they were reviewing how the process could be improved for further learning from the incidents. The meetings had now recommenced with consultant input in April to improve learning outcomes and this will be shared with the team during team meetings. Minutes of this meeting from April were not available to review at the time of the inspection.

Minutes reviewed from meetings held in December 2021 and January 2022 found that information recorded was very brief and actions agreed were not robust. The January actions recorded in the minutes had not been signed off as completed or reviewed at the time of the inspection in April.

For one young person missing from care was a regular occurrence. Inspectors reviewed minutes of Joint Protocol Meetings held from December 2021 to April 2022. Minutes reviewed were clear detailed, regularly updated and clear actions agreed. There were some discrepancies between the number of episodes recorded for the young person across minutes of protocol meetings, placements plans and the SEN register, this must be reviewed and corrected. The meetings reviewed were held in accordance with the policy with regard to senior management representation of both the Social Work Department and An Garda Siochana.

It was evident from records that staff were responsive to the risks and the needs of the young people on a day-to-day basis with reference to staff bringing, collecting and searching for young people when away from or missing from the centre. The centre was also proactive and engaging with other centres to monitor and track data to support the safe return of young people. Risk assessments and safety plans were comprehensive and regularly updated. A sample review of previous placement plans evidenced plans were based on the care plan and goals and actions were aligned across the different plans.

The current placement plan for one young person was based on the previous child in care review and not the most recent review, held a number of weeks earlier. At the time of the inspection the centre had not received the up-to-date care plan from the social work department, although requested. The centre management however did

hold the centre's copy of the minutes, but they did not inform care planning in March or early April.

As part of the centres management of incidents, the centre held an individual risk register for each young person in the centre. At the time of inspection there was no organisational risk register in place. A review of the risk register for one young person found that it required updating and clearer recording of the outcomes of actions, with evidence of centre and external oversight. The risk register noted actions to support the young person and staff team in February and March which had not been implemented at the time of inspection. This had not been identified through the bimonthly governance and oversight review of the register by senior management. The risk register also identified recent risks for young people in the centre but failed to categorise these in line with Children First, 2017 resulting in the risk register not being effective to manage the risk appropriately.

There were no apparent risk assessments completed on the use of the house next door to temporarily house Ukrainian families. One young person told inspectors that they had dinner with the family accompanied by a staff member and the operational director and had enjoyed this experience. Inspectors found this contact should be risk assessed, result in a safety plan and be entered on the risk register.

In interview with a young person with regard to an open culture in the centre where they felt they could raise concerns and or identify areas for improvement, they told inspectors that they were aware of how to make a complaint. They then spoke about previous complaints about aspects of the service and against a staff member, they advised that they were not happy about how the process regarding the staff member was managed and did not feel that complaints regarding aspects of the service had resolved the issues. The young person advised that they did not speak to their social worker regarding the complaints. Inspectors reviewed the complaints policy and found it to be unclear with regard to formal complaints and non-notifiable complaints.

The centre did not report the complaint against a staff member through the SEN process. Inspectors reviewed the complaints register and noted two open complaints made in 2021 were not marked founded or unfounded with a closed date. The centre manager advised both complaints were closed but the register had not been updated.

When discussing the process of young people's meetings as a forum to express views on the care provided and their environment, the young person told inspectors that she was not aware of a young people's group meeting but did speak to her keyworker regularly and spoke positively about their support. Inspectors reviewed a sample of

minutes of young people's meetings for 2022. Team meeting minutes from February 2022 noted that no young people's meetings took place since the 06th of December 2021. This practice was not in line with centre policy regarding the frequency the meetings.

Inspectors spoke to a social worker for a second young person during the inspection process. The social worker spoke positively about the centre and the quality of care received, they found the centre to be a strong advocate for the young person and were creative and proactive in their management of behaviours. They found the centre was prompt in their communications and notifications and maintained good family engagement.

Compliance with Regulation	
Regulation met	None Identified
Regulation not met	Regulation 16

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	Standard 3.1 Standard 3.3

Actions Required

- The registered proprietor and centre manager must ensure significant event notification forms are completed with all relevant information and are factually correct.
- The registered proprietor and centre manager must ensure that minutes from SERG meetings are well recorded with robust actions for all young people identified.
- The registered proprietor and centre manager must review the SEN register and notifications to identify notifications which require a child protection and welfare referral in line with Children First 2017.
- The registered proprietor and centre manager must review the complaints policy for clarity and the register to ensure all complaints appropriately recorded with clear outcomes and notified in line with policy.
- The registered proprietor and centre manager must review all open child protection concerns on the CPC register for outcomes and ensure all required parental notifications were completed.

- The registered proprietor and centre manager must ensure that all staff are aware of a specific risk and the guidance regarding the management of same.
- The registered proprietor and centre manager must review and correct discrepancies of number of MFC episodes recorded across different minutes for one young person.
- The registered proprietor and centre manager must implement risk assessments and a register for organisational risks for the service.
- The registered proprietor and centre manager must review risk registers for each young person to ensure information is accurate and to date, and that all actions are implemented in care and safety planning for young people.
- The registered proprietor and centre manager must develop a system to accurately track all training for staff which supports the monitoring of mandatory training expiration dates.
- The registered proprietor and centre manager must ensure all staff have completed all mandatory training.
- The registered proprietor and centre manager must ensure a Visitors/Sign in/out record is kept in the centre.
- The registered proprietor and centre manager must ensure young people meetings are scheduled and occur in line with centre policy and best practice.
- The registered proprietor and centre manager must ensure staff are trained in supporting young people with substance abuse.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager was supported directly by the proprietor with external social care consultants providing additional supports to the management function. The centre manager provided inspectors with a roles and responsibilities document for the management structure of the centre. This document stated the role of consultants was to engage and support with the staff team meetings and monthly management meetings. However, this was not evidenced on records reviewed for 2022. Management confirmed with inspectors in interview that this had not occurred this year to date. The registered proprietor must ensure that practices in relation to the external oversight of team meetings and management meetings are in line with centre policy.

From a review of rosters and care files in the centre, inspectors observed that the deputy manager was working several sleepover shifts. The management duties / functions of the deputy manager were negatively impacted because of working shifts on the floor to cover staffing deficits. The deputy manager also held a key working role, this was not in line with centre policy on key working. During inspection the deputy manager was acting for the centre manager who was on leave, completing sleepovers and day shifts in the centre.

The governance and oversight of centre management and senior management was not evidenced or clearly recorded across records and registers in the centre. Many errors, inaccuracies and actions for review or completion were not identified by any centre manager or external line manager and this issue had been ongoing since the beginning of 2022. Internal audits by the centre manager were limited to the personnel files and were repeated monthly. The audit process was not robust as it did not identify outstanding issues such as delays with mandatory training and the review or introduction of contracts. Internal audits should be across all centre records as inspectors found errors and poor recording across the registers and care records which required immediate improvement.

External Auditors had completed three audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and there were action plans in place. However, this service improvement process did not result in operation of the centre in line with regulations and policy. The internal and external auditing processes in place did not identify and address many of the serious issues inspectors found in this inspection in relation to compliance with policy, standards and the quality of care provided. The centre had a quality improvement plan completed May 2021. Inspectors found that actions from this plan had not been fully completed. There was no evidence of oversight or review by senior management of this plan.

Inspectors reviewed a sample of meeting minutes from staff team meetings, team leader meetings and manager meetings. Meetings were well attended by centre management and held regularly. However, the quality of recording required improvement in that the information recorded was limited, there were errors regarding dates and staff titles and the tracking and completion of actions through some of the meetings was not clearly recorded.

Monthly management meetings records noted updates as opposed to discussions and decisions. A preventative management strategy meeting was held with An Garda Síochána and a social work department in early March in relation to escalating drug use and missing from care episodes for a young person. The minutes of this meeting note that no centre management was present. Both keyworkers attended one of whom was named as centre manager on the minutes. There was no evidence of any managerial oversight on this document. Given the level of risk it was not satisfactory for there to be no internal or external management present at the meeting.

Inspectors found a lack of governance and oversight by centre and external management on centre records. As mentioned above there were errors across most records reviewed regarding dates, names and titles. Registers were not up to date and had no evidence of managerial review or oversight. Inspectors found some records were not maintained in compliance with centre policy and best practice. Inspectors found poor recording on a communications log opened in January 2021 and on one supervision file reviewed. Centre records of staff supervisions and governance were not being securely stored on site.

Limited external management support coupled with limited internal management support caused by staffing deficits resulted in a lack of appropriate management, governance and oversight in the centre. Governance and oversight mechanisms in

place failed to identify and address issues found in this inspection which were evident across records since the beginning of 2022.

Inspectors found that the current operation of the centre management structure did not meet the needs of the centre to ensure operation in compliance with policy, legislation and standards. Inspectors found that the operation of the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies.

Compliance with Regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Standard 5.2

Actions Required

- The registered proprietor must review the internal and external governance and oversight structure and arrangements for the centre.
- The centre manager must ensure the deputy management post has the capacity to complete management responsibilities.
- The registered proprietor and centre manager must develop a system to ensure all registers are regularly reviewed and this is recorded.
- The registered proprietor and centre manager must ensure the quality of recording improves and is reviewed regularly for accuracy.
- The registered proprietor and centre manager must ensure quality auditing to enhance and improve service delivery.
- The centre manager must review all supervision files to ensure all documentation is to date and in line with GDPR.
- The registered proprietor and centre manager must review documentation to ensure compliance with GDPR.
- The registered proprietor and centre manager must ensure all staff complete GDPR and Data Protection training.

- The registered proprietor and centre manager must review arrangements for safe storage of supervision and governance records.
- The registered proprietor and centre manager must ensure there is a system in place to record external management governance and oversight of records in the centre.

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

At the time of the inspection the centre provided inspectors with a list of current staff. This document stated that the centre was operating with one social care manager, one deputy social care manager, five full time social care staff and eight relief staff. However, from a review of contracts, inspectors found that only two social care staff were contracted to work full time hours in the centre. All of the remaining staff were employed on a relief basis not on full time contracts. This is not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

The centre manager was scheduled to work daily, four days per week in the centre and the deputy manager was tasked with both office duties and sleepovers due to staff shortages. The deputy manager advised that the centre did not use agency staff and currently had two social care students on placement in the centre.

As part of the on-site inspection, inspectors completed a review of a sample of staff rosters cross referenced with young people's daily logs from January 2022 to present. It was evident that the centre had been operating in breach of regulations in recent months. Inspectors found that recording of staff working in the centre on staff rosters was unclear and required immediate improvement. This is a safeguarding mechanism and there must be clear records of staff working in the centre. On daily logs it was not always clear as to what staff were working and if they were completing sleepovers or dayshifts, in some cases this section of the log was blank or completed with the date being incorrect.

From a sample of rosters reviewed since 2022 to April inspectors found the following:

- 5 incidents of staff completing back-to-back sleepover shifts
- 5 nights where the deputy social care manager completed sleepover shifts

- Unclear number of days where deputy manager had to provide day shift on floor
- Unclear number of days without a third staff member on the floor as required due to poor recording.
- Two students completing day and sleepover shifts as primary staffing provision.

Inspectors raised issue with rostering practices during the inspection, however, centre managers did not address this, and back-to-back sleepovers continued.

A review of management monthly reports and rosters evidenced that the centre had been operating below the minimum staffing requirements in recent months and although the centre manager stated that the organisation was currently recruiting there was no workforce recruitment/development plan in place. Workforce planning in the centre must be immediately addressed by the registered provider.

The centre was operating in breach of the centre on call policy, in that no contact record was maintained for 2021 and 2022 to evidence guidance and direction from management to staff in times of crisis or emergency. A serious incident which involved contact with both managers while inspection was ongoing was not recorded. The management accepted that this should be in place and advised that this record would recommence without delay.

Inspectors found that the operation of the service is not in line with the National Standards for Children's Residential Centres, 2018 (HIQA) standards 6.1 or the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 6 (1): Person in charge and Article 7: Staffing.

Compliance with Regulation	
Regulation met	None
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	None identified (Not all standards were assessed)
Practices met the required standard in some respects only	None identified (Not all standards were assessed)
Practices did not meet the required standard	6.1

Actions required

- The registered proprietor must provide a plan to the Alternative Care Inspection and Monitoring Service that details how the issues with staffing in the centre will be addressed.
- The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing, that the practice of back-to-back sleepover shifts has ceased in the service with immediate effect.
- The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing, that the practice using students as a primary staffing source has ceased in the service with immediate effect.
- The registered proprietor and centre manager must ensure that required staffing levels are in place to manage the safety of the young people in the centre.
- The registered proprietor and centre manager must ensure workforce planning is reviewed regularly.
- The registered proprietor and centre manager must ensure that an accurate on call record is maintained in the centre.
- The registered proprietor and centre manager must ensure that the roster record is clear about who is working in the centre at all times.

Appendix 1

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered proprietor and centre manager must ensure significant event notification forms are completed with all relevant information and are factually correct.	Proprietor and Manager will ensure that significant event notifications are fully completed and all information are factually relevant.	Discussion at team meetings regarding significant event notification recording has taken place on the following dates: 26 th April 2022 3 rd May 2022 10 th May 2022 30 th May 2022 Centre manager reads and signs each SEN prior to being forwarded to professionals.
	The registered proprietor and centre manager must ensure that minutes from SERG meetings are well recorded with robust actions for all young people identified.	Proprietor and Manager have reviewed the SERG format and one external consultant is now included in the monthly meetings. The purpose of the consultant's role is to share expertise when analysing each SEN for learning purposes.	In March it was agreed that one external consultant will join the SERG meetings. This was picked up in March 2022 audit and recommendations were made around this. Monthly SERG meetings took place on 8 th April, 5 th May, and 25 th May.

	<p>The registered proprietor and centre manager must review the SEN register and notifications to identify notifications which require a child protection and welfare referral in line with Children First 2017.</p>	<p>The minutes are well recorded with robust actions for all young people.</p> <p>The registered proprietor and centre manager have reviewed the SEN register to identify notifications which require a child protection and welfare referral in line with Children's First 2017.</p> <p>The centre manager has reviewed all SENS from January 2022 to present date. In March an SEN was completed regarding a young person doing a pregnancy test. Following this review, we consulted with the social work department on this finding regarding whether a CPWRF was warranted. It was agreed that an SEN would be submitted.</p>	<p>Feedback is given to the staff team after each SERG meeting at team meetings.</p> <p>There is daily review of the SEN register with the staff team and reviewed at team meetings.</p> <p>During team meeting on the 31st of May a review of SEN and CPN's took place and a discussion around both. Both SENs and CPN will be a standing item on team meeting agendas and management meetings.</p>
	<p>The registered proprietor and centre manager must review the complaints policy for clarity and the register to ensure all complaints appropriately recorded with clear outcomes and notified in line with policy.</p>	<p>The registered proprietor and manager have reviewed the complaints policy and the register to ensure all complaints are recorded with clear outcomes and in line with policy.</p>	<p>The complaints policy along with outstanding complaints will be discussed at team meetings weekly in order for prompt recorded clear outcomes.</p> <p>The complaints log will be under constant review to ensure each young person's voice</p>

	<p>The registered proprietor and centre manager must review all open child protection concerns on the CPC register for outcomes and ensure all required parental notifications were completed.</p>	<p>The registered proprietor and manager have reviewed open child protection concerns from previous residents and have requested social workers to identify the status of all CPNS regarding the young person.</p>	<p>is heard. Complaints will be a standing item in the staff weekly team meetings and management monthly meetings.</p>
	<p>The registered proprietor and centre manager must ensure all that staff are aware of a specific risk and the guidance regarding the management of same.</p>	<p>The registered proprietor and centre manager ensures that all the staff are aware of a specific risk and the guidance regarding the management of same. Specific risks for each young people are spoken about team meetings and guidance regarding the management of risks.</p> <p>Centre manager ensures that all staff members are very clear about risk taking behaviours. In particular, the team have a</p>	<p>The CPN register will be reviewed at monthly management meetings and follow up of all open CPN will continue until they are closed off.</p> <p>The CPN register will be a standing item on management meetings. All files will be updated on a regular basis to include records of all correspondence and escalation processes if required.</p> <p>Monthly risk management registers are updated at the end of each month including all current risks and how they are managed by the staff team and the social work team. Training with external consultant on Welltree Model of Care and Risk is taking place on 8th June 2022.</p>

		<p>strong understanding of the current risks that the young people are engaged in. All young people's risks are reflected in Risk Assessments, Individual Crisis Support Plans and IAMP reports which are reviewed at team meetings.</p>	
	<p>The registered proprietor and centre manager must review and correct discrepancies of number of MFC episodes recorded across different minutes for one young person.</p>	<p>The registered proprietor and centre manager have reviewed and can confirm there were discrepancies due to the Gardai pulse system not being updated with an MCFC due to a young person returning to the centre prior to the Garda updating the pulse system.</p> <p>Centre manager have discussed and agreed with JLO that young person's dates of mcfc will be reviewed prior to Strategy meetings to ensure all dates are correctly recorded.</p>	<p>At all Gardai protocol meetings, the missing child from care episodes will be cross referenced to ensure both centre register and the Garda pulse system correlates.</p> <p>If a young person is reported missing child from care and they return shortly after being reported, the staff on duty will contact the Gardai to confirm if the mcfc has in fact being uploaded to the pulse system.</p>
	<p>The registered proprietor and centre manager must implement risk assessments and a register for organisational risks for the service.</p>	<p>Centre manager will ensure risk assessments are reviewed daily.</p> <p>Monthly risk registers are reviewed regularly and updated when risks occur with the young people. Proprietor and</p>	<p>A new protocol is in place where mcfc episodes will be reviewed with the JLO prior to strategy meetings.</p> <p>An organisational register will be implemented.</p>

	<p>The registered proprietor and centre manager must review risk registers for each young person to ensure information is accurate and to date, and that all actions are implemented in care and safety planning for young people.</p>	<p>centre manager will review risk registers to ensure all information is accurate at monthly management meetings.</p>	
	<p>The registered proprietor and centre manager must develop a system to accurately track all training for staff which supports the monitoring of mandatory training expiration dates.</p>	<p>The staff team have received training on risk and the importance of recording risk assessments. The management team will ensure that clear and accurate risk assessments are recorded on a day to day basis. Centre manager has arranged for training on Risk to take place on 8th June 2022.</p> <p>The registered proprietor and centre manager have developed a system which clearly tracks all training for the staff team. This is a live document and training is added to this document when it is completed by staff. This document also differentiated between mandatory and other training. It also states how long each specific training remains in date.</p>	<p>Audits with external consultants will review monthly risk registers to ensure all information is accurate and up to date. Risk Register for each young person is updated at the end of each month and all action's safety plans, BMP's ICSP's are updated with all the relevant safety management strategies.</p> <p>Each staff member has a training record on their personal file which is updated when training is completed. Training needs is accessed every month during supervision with staff and if training is needed it is identified and scheduled.</p>

	<p>The registered proprietor and centre manager must ensure all staff have completed all mandatory training.</p>	<p>The registered proprietor and manager have ensured that all staff have completed Children's First mandatory training.</p> <p>Centre manager will ensure that all staff have complete mandatory training.</p>	<p>Centre manager will include mandatory training on the agenda for management meetings and weekly team meetings.</p>
	<p>The registered proprietor and centre manager must ensure a Visitors/Sign in/out record is kept in the centre.</p>	<p>A staff log in / out book has been created where each staff member signs in and out including dates and times.</p> <p>A separate Visitors sign in / out log book has also been created.</p>	<p>Staff are signing in and out of this book daily and this is included as part of the daily handover / coming on shift routine.</p> <p>The visitors sign in / out log is also part of the daily handover and all visitors' sign in and out of this book.</p>
	<p>The registered proprietor and centre manager must ensure young people's meetings are scheduled and occur in line with centre policy and best practice.</p>	<p>Centre manager will ensure that weekly young people's meetings take place and are recorded accurately.</p> <p>Centre manager and staff team have reviewed various creative ways to help the young people engage in this process.</p>	<p>Young People's meetings are discussed at each staff meeting every Tuesday and issues that need to be addressed at the meetings are included in staff meetings.</p>
	<p>The registered proprietor and centre manager must ensure staff are trained in</p>	<p>The registered proprietor and centre manager have organised drug education</p>	<p>This training is compulsory for all staff. If additional training is then identified this</p>

5	<p>supporting young people with substance abuse.</p> <p>The registered proprietor must review the internal and external governance and oversight structure and arrangements for the centre.</p> <p>The centre manager must ensure the deputy management post has the capacity to complete management responsibilities.</p>	<p>training for all staff which is scheduled for the June 29th 2022 with Urrus, Ballymun Youth Action Programme.</p> <p>The registered provider reviews internal and external governance and oversight structure and arrangements for the centre.</p> <p>External Auditors completed an Audit in March 2022 which the centre manager was working on the actions at time of inspection. A number of gaps were identified in the Audit. An audit will be carried out in June 2022 by external consultants.</p> <p>The deputy manager will have the capacity to complete management responsibilities as all deputy manager shifts will now focus on management duties.</p> <p>For example, centre manager and deputy manager will review daily and weekly paperwork, recording of significant event</p>	<p>training will be added to the training log for oversight purposes.</p> <p>Monthly management meetings take place with the Proprietor and Manager. The external consultant have joined the management meeting in May and will continue to attend meetings monthly.</p> <p>The deputy manager is rostered to complete office hours with centre manager. The Deputy manager is not on the roster and completes management responsibilities.</p>
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	<p>The registered proprietor and centre manager must develop a system to ensure all registers are regularly reviewed and this is recorded.</p> <p>The registered proprietor and centre manager must ensure the quality of recording improves and is reviewed regularly for accuracy.</p>	<p>notifications, delegation lists, daily logs and all other daily recordings.</p> <p>The registered proprietor and centre manager will ensure that all registers are reviewed and recorded. This will be a standing agenda item at both management and team leader meetings.</p> <p>The registered proprietor and centre manager have allocated time at each weekly team meeting to address the issue of improved recording systems. Centre Manager and Deputy Manager will delegate duties to ensure that there is clear and robust oversight of all daily paperwork. All paperwork will be reviewed daily to ensure accurate and high quality recording. For example, daily logs, risk assessments and SENS.</p>	<p>Monthly management meetings, weekly team meetings.</p> <p>The improvement of recording will be spoken about at team meetings weekly and also this will be addressed in individual supervisions. Staff training day took place on 30th May with the staff team meetings regarding the quality of recording. The centre manager and deputy manager will provide written feedback commentary to staff where there is identified scope for learning for example, comments on logs, risk assessments, SEN reports.</p>
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	<p>The registered proprietor and centre manager must ensure quality auditing to enhance and improve service delivery.</p>	<p>The registered proprietor and centre manager organise quarterly audits by external consultants. All actions recorded arising out of external audits are worked on by the centre manager and staff team. The Audit completed in March had a number of issues identified and these actions and responses have been completed.</p>	<p>External auditors identified a number of issues and gaps in the March 2022 audit which were picked up on in the inspection in April 2022.</p> <p>After each audit, the external consultants will provide written feedback of findings on the day of the audit in advance of the release of the final report.</p>
	<p>The centre manager must review all supervision files to ensure all documentation is to date and in line with GDPR.</p>	<p>Centre manager has reviewed all supervisions files to ensure all documentation is to date and in line with GDPR. Centre Manager has devised a supervision audit where a review of staff supervisions will take place every three months.</p>	<p>GDPR matters was reviewed at weekly team meetings. Examples of breaches were given which will be reviewed regularly.</p> <p>All staff supervisions and governance records will remain in this locked cabinet in the manager's office at all times.</p>
	<p>The registered proprietor and centre manager must review documentation to ensure compliance with GDPR.</p>	<p>The registered proprietor and centre manager has reviewed documentation to ensure compliance with GDPR.</p> <p>2021 Communication log has been archived and an updated 2022 log is in place.</p>	

6	The registered proprietor and centre manager must ensure all staff complete GDPR and Data Protection training.	Registered proprietor and centre manager has ensured all staff have completed the GDPR training and a cert is on each staff file.	All staff have completed GDPR training and certificates are on file.
	The registered proprietor and centre manager must review arrangements for safe storage of supervision and governance records.	The registered proprietor and centre manager have reviewed the arrangements for the storage of supervision and governance records and they are in a locked cabinet in the centre's manager's office. The deputy manager also has access to this locked cabinet.	Supervision and governance records will be held securely in manager's office onsite in a locked cabinet.
	The registered proprietor and centre manager must ensure there is a system in place to record external management governance and oversight of records in the centre.	The registered proprietor and centre manager have reviewed the systems that are in place regarding the recording of external management governance and oversight of records. All future recording will be held in one file and stored securely.	
	The registered proprietor must provide a plan to the Alternative Care Inspection and Monitoring Service that details how	Recruitment process has taken place and we have addressed the deficits regarding staffing. We have recruited 4 social care	Currently we have a surplus of relief staff members. Should a permanent position

	<p>the issues with staffing in the centre will be addressed.</p> <p>The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service with immediate effect.</p> <p>The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing that the practice using students as a primary staffing source has ceased in the service with immediate effect.</p>	<p>workers on the relief team and 1 full time social care worker. All staff have received a thorough induction.</p> <p>The registered proprietor and centre manager can confirm that back to back sleepover shifts have now ceased due to a number of full time roles being filled.</p> <p>The registered proprietor and centre manager can confirm that the use of students as a primary staffing source has ceased. Centre manager will ensure that under no circumstances students will complete shifts when on student placements.</p>	<p>arise in the future we will recruit from our relief pool.</p> <p>The centre have ensured that there is a full complement of relief staffing available to cover the shifts required.</p> <p>Each year students are welcomed to complete their student placements in the centre. We aim to give a student a full experience of the work practices and the service. A student receives weekly supervision by a team leader and engages in tripartite meetings with the college and the centre's supervisor.</p>
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	<p>The registered proprietor and centre manager must ensure that required staffing levels are in place to manage the safety of the young people in the centre.</p> <p>The registered proprietor and centre manager must ensure workforce planning is reviewed regularly.</p> <p>The registered proprietor and centre manager must ensure that an accurate on call record is maintained in the centre.</p> <p>The registered proprietor and centre manager must ensure that the roster</p>	<p>The registered provider and centre manager have employed a number of new staff to ensure that the centre and young people receive safe care. Staffing will be a standing item on monthly management meeting agenda.</p> <p>The registered proprietor and centre manager ensures that workforce planning is reviewed at monthly management meetings.</p> <p>Workforce planning will be a standing item on management meetings.</p> <p>The registered proprietor and manager will ensure going forward that an accurate On Call register is reviewed and maintained. The centre manager devised a 2022 on call register for staff to record any emergencies and queries the staff team may have.</p> <p>Going forward the registered proprietor and centre manager ensures that the roster</p>	<p>The centre has adequate permanent and relief staff to cover all shifts. Centre manager will review staffing levels at management meetings.</p> <p>Any discrepancies regarding staff will be reviewed at monthly managements to ensure that there will be no issues regarding workforce planning.</p> <p>A workforce recruitment development plan is in place to ensure any changes in staffing levels will be reviewed regularly.</p> <p>The on call register will be reviewed at monthly management meetings.</p> <p>The roster will be reviewed at team leader meetings to ensure it is clear who is working</p>
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	record is clear with regard to who is working in the centre at all times.	is clear regarding who is working the centre at all times.	in the centre. The roster will also be reviewed at team meetings and handovers.
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